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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	:OM	EGA TREE & NUR	RSERY, INC.	
DOCUMENT NUMBER:	P0:	5000142837		
The enclosed Articles of Amend	dment and fee ar	e submitted for filing	g.	
Please return all correspondence	e concerning this	s matter to the follow	ving:	,
• • •	GERALD KII	NNEY		
111.11.11.11.11.11.11.11.11.11.11.11.11	(Name o	f Contact Person)		
	OMEGA TR	EE & NURSERY	, INC.	
	(Firn	n/ Company)		
	9222 LANDS	SCAPE PLACE		
	((Address)		
	LAND O'LAKI	ES, FL 34639		
	(City/ Sta	ate and Zip Code)		
For further information concern	ing this matter,	please call:		
Gerald Kinney		at (.813)	528-3080	
(Name of Contact Person)			& Daytime Tele	phone Number)
Enclosed is a check for the follo	wing amount:			
	Filing Fee & ate of Status	□\$43.75 Filing For Certified Copy (Additional cope enclosed)		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	\$ 	Street Address Amendment Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	ction porations Center Circle	

Articles of Amendment Articles of Incorporation

OMEGA TREE & NURSERY, INC.

Articles of Amendment to Articles of Incorporation of OMEGA TREE & NURSERY, INC. (Name of corporation as currently filed with the Florida Dept. of State)
to ASECO
Articles of Incorporation
of of
OMEGA TREE & NURSERY, INC.
(Name of corporation as currently filed with the Florida Dept. of State)
P05000142837
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
N/A
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ARTICLE VII - OFFICER/DIRECTOR DETAIL
SUSAN SANDERS-PST - 9222 LANDSCAPE PLACE, LAND O'LAKES, FL - DELETED
GERALD KINNEY-PST - P.O. BOX 271827, TAMPA, FL 33688 - CHANGE
JUSTIN S. TURNER-VP - P.O. BOX 271827, TAMPA, FL 33688 - ADDED
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisor implementing the amendment if not contained in the amendment itself: (if not applicable, indicated)
N/A

(continued)

The date of each amendment(s) adoption: SEPTEMBER 22, 2008				
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.			
• • • • • • • • • • • • • • • • • • • •	was/were approved by the shareholders through voting groups. The t must be separately provided for each voting group entitled to vote mendment(s):			
"The number of	f votes cast for the amendment(s) was/were sufficient for approval by			
	(voting group)			
	was/were adopted by the board of directors without shareholder action tion was not required.			
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.			
selec	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)			
	GERALD KINNEY			
	(Typed or printed name of person signing)			
	PRESIDENT			
-	(Title of person signing)			

FILING FEE: \$35